



December 3, 2018

To Prospective Continuing Education Scholarship Applicants:

Alpha Kappa Alpha Sorority, Incorporated, the first African American sorority, was founded on the campus of Howard University in 1908. Our organization has an established tradition of rewarding students who have achieved academic excellence and desire to pursue a higher education. In keeping with this tradition, the Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated and The Ivy Foundation of Hampton, Incorporated, supports the academic efforts of students by awarding a **one thousand dollar (\$1,000.00) scholarship to eligible undergraduate students.**

Our scholarships target students who have demonstrated exceptional commitment to service throughout their school, the community and various aspects of academic achievement. The selection process is also sensitive to student with financial needs.

We look forward to your participation in this process and we hope to hear from you by the February 28, 2019 deadline. Please be advised that a separate application packet for each scholarship (Academic and/or Book) is required for consideration. Finally, in order for your application to be considered, you must complete and submit a separate application packet as outlined on the **Margaret LaFairet Brown Smith, Mae Barbee Pleasant and Doris Curry Parks Continuing Education Scholarship Application Eligibility Criteria Letter** and it must be postmarked by the February 28, 2019 deadline date.

Sincerely,

A handwritten signature in cursive script that reads "Eleanor A. Blowe".

Dr. Eleanor Blowe, President
Gamma Upsilon Omega Chapter
Alpha Kappa Alpha Sorority, Inc.

*Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc
and
Ivy Foundation of Hampton, Inc.
Margaret LaFairet Brown Smith, Mae Barbee Pleasant and Doris Curry Parks
Continuing Education Scholarship Application Guidelines*

PURPOSE

To award scholarships to undergraduate students who have completed at least one year in an accredited degree granting institution, graduated from a Hampton (VA) City Public School, are planning to continue their program of education and can demonstrate academic excellence, community service and financial need.

ELIGIBILITY CRITERIA

- *College student classified as a sophomore, junior, or senior.*
- *Enrolled full-time in a four, five or six year program at a four year college.*
- *Graduated from a Hampton (VA) City Public School (Bethel, Hampton, Kecoughtan, or Phoebus High School).*
- *Have a cumulative grade point average of 3.0 or higher.*

SCHOLARSHIP APPLICATION PACKET REQUIREMENTS

1. A signed scholarship application. The application must be typed (New Times Roman font – 12 inch).
2. An **official** transcript.
3. A **formal “head shot” photograph that focuses upon your face.** Please note a photograph release form should be completed and formally signed by you.
4. **Proof** of attendance at a Hampton City High School.
5. A typed **two (2) page** essay describing professional objectives, personal and academic goals and how your chosen major will help achieve your goals (Double-spaced, 12 inch font, Times New Roman.)
6. Three (3) **signed** letters of recommendation, two from your advisor and/or professor(s) and one personal reference. The recommendation letters must be typed. (New Times Roman – 12 inch).
7. **Documented** proof of participation in volunteer/community/church and school activities.

AWARD AMOUNT

A one thousand dollar (\$1,000.00) award will be sent directly to the institution where the student is enrolled.

DEADLINE:

Completed applications and all supporting documents must be postmarked no later than Thursday, February 28, 2019. Mail the completed application and documents to the address below:

Alpha Kappa Alpha Sorority, Inc.
Gamma Upsilon Omega Chapter
Attn: Scholarship Committee
P.O. Box 7825
Hampton, VA 23666

Please Note: WE WILL NOT BE ABLE TO CONSIDER INCOMPLETE APPLICATIONS OR APPLICATIONS THAT ARE NOT POSTMARKED BY THURSDAY, FEBRUARY 28, 2019.

*Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc.
and
Ivy Foundation of Hampton, Inc.
Margaret LaFairet Brown Smith, Mae Barbee Pleasant and Doris Curry Parks
Continuing Education Scholarship Application Form*

THE APPLICATION FORM MUST BE TYPED

Name of Applicant:

Last First Middle

Address

Include Zip Code

Home Number (____) _____
(____) _____

Mobile Number

Do you have text capability on your cellular phone? ___ YES ___ NO

Email _____

High School attended: _____ **Graduation Year:** _____

College/University Major: _____ **Career Choice:** _____

Grade Point Average (GPA): _____

School Activities (include any offices held):

Volunteer/Community/Church Activities (include any offices held):

Work Experience:

Dates of Employment:

Family Information:

Parent/Guardian Name(s) and Relationship

Occupation(s)

Employer(s)

Total Family Taxable Income (as indicated on Federal Income Tax forms):

_____ \$0 – \$20,000 _____ \$21,000 – \$40,000 _____ \$41,000 – \$60,000 _____ above \$60,000

List all children and/or dependents in the immediate household (excluding the applicant):

Name

Age

School

Please indicate any unusual expenses or financial burdens presently faced by your family that you feel the committee needs to know (Please use an attachment if needed):

Have you received other scholarships? ____ YES ____ NO

If so, what is the approximate amount? \$ _____

Four-year college or university where scholarship monies will be sent:

Name of College/University: _____

Address of College/University: _____

PHOTOGRAPH: Include a formal “head shot” photograph that focuses upon your face. Please note the photograph release form is included within this application and should be completed and signed with your official signature.

I certify that all of the information and the photograph included in this packet is factual and true and that the essay submitted is the original work of this applicant. Any information that has been falsified or misrepresented may result in the withdrawal of this applicant from the selection process and forfeiture of any scholarship.

Applicant’s Signature: _____ Date: _____

DEADLINE: Completed applications and all supporting documents and photograph must be postmarked no later than Thursday, February 28, 2019. Mail the completed application packet to:

Alpha Kappa Alpha Sorority, Inc.
Gamma Upsilon Omega Chapter
Attn: Scholarship Committee
P.O. Box 7825 Hampton, VA 23666

**ALPHA KAPPA ALPHA SORORITY, INCORPORATED
GAMMA UPSILON CHAPTER &
IVY FOUNDATION OF HAMPTON, Inc.**

**PUBLIC RELATIONS COMMITTEE
PHOTOGRAPHIC CONSENT, PERMISSION, AND RELEASE FORM
*(Please read carefully before signing)***

I hereby grant permission to the above named organization to use my photograph/likeness in its newsletters, magazine, newspaper publications, website or in printed publications. I also acknowledge that the above named organization reserves the right to discontinue use of my photograph with or without notice. It is hereby noted that I understand and agree that all photographic images and/or likenesses will become the property of the Alpha Kappa Alpha Sorority, Inc. Gamma Upsilon Chapter and Ivy Foundation of Hampton, Inc. and used and/or shared at their discretion.

SIGNATURE: _____

NAME (Print): _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____